

Amendment to the Claims:

Please amend the claims as follows:

Please cancel claims 26, 31 and 40 to 42, without prejudice or disclaimer.

This listing of claims will replace all prior versions and listings of the claims in the application:

Listing of Claims:

Claim 1 (currently amended): A method of treating multiple sclerosis (MS), comprising administering to an individual in need thereof a combination treatment comprising a pharmaceutically-effective amount of both chaperonin 10 (cpn10) and IFN-β, wherein the amount therapeutic effect of administering both cpn10 and IFN-β is suboptimal such that the administration of the suboptimal amount of IFN-β does not produce IFN-β-induced side effects in the individual and the suboptimal amount of IFN-β is not effective if administered alone to the individual improved (synergistic) as compared to the therapeutic effect of administering the same amount of cpn10 or IFN-β alone.

Claim 2 (canceled)

Claim 3 (previously presented): The method of claim 1, wherein IFN-β and cpn10 are administered together in the same formulation.

Claim 4 (previously presented): The method of claim 1, wherein IFN-β and cpn10 are administered separately in different formulations.

Claim 5 (previously presented): The method of claim 1, wherein the IFN-β and the cpn10, or, the IFN-β or the cpn10, are administered by injection.

Claim 6 (previously presented): The method of claim 1, wherein the IFN-β and the cpn10, or, the IFN-β or the cpn10, is administered orally.

Claim 7 (previously presented): The method of claim 5, wherein only the IFN- $\beta$  is administered by injection.

Claim 8 (previously presented): The method of claim 1, wherein the pharmaceutically effective amount of cpn10 comprises 5-60 mg of cpn10.

Claim 9 (previously presented): The method of claim 8, wherein the pharmaceutically-effective amount of cpn10 comprises 10-30 mg of cpn10.

Claim 10 (previously presented): The method of claim 1, wherein the pharmaceutically-effective amount of IFN- $\beta$  comprises 1-10 Million International Units (MIU) of IFN- $\beta$ .

Claim 11 (previously presented): The method of claim 10, wherein the pharmaceutically-effective amount of IFN- $\beta$  comprises 4-6 MIU of IFN- $\beta$ .

Claims 12 to 24 (canceled)

Claim 25 (previously presented): A method of treating multiple sclerosis (MS) in an individual taken off IFN- $\beta$  treatment or having reduced dose IFN- $\beta$  treatment because of IFN- $\beta$ -induced side effects, comprising administering to an individual in need thereof a combination treatment comprising pharmaceutically-effective amounts of both chaperonin 10 (cpn10) and IFN- $\beta$ , wherein the IFN- $\beta$  is administered at a dose that does not produce IFN- $\beta$ -induced side effects in the individual.

Claim 26 (canceled)

Claim 27 (previously presented): The method of claim 1, wherein the cpn10 and IFN- $\beta$ , or, cpn10 or IFN- $\beta$ , are administered in a pharmaceutical composition comprising a

pharmaceutically-acceptable carrier or a diluent.

Claim 28 (previously presented): The method of claim 27, wherein the cpn10 and the IFN- $\beta$  are provided in a separate container.

Claim 29 (previously presented): The method of claim 27, wherein the cpn10 and IFN- $\beta$ , or, cpn10 or IFN- $\beta$ , are provided initially in a dehydrated form, which before administration, are rehydrated by a pharmaceutically-acceptable carrier or diluent.

Claim 30 (previously presented): The method of claim 27, wherein the cpn10 is administered in a tablet or a capsule form.

Claim 31 (canceled)

Claim 32 (previously presented): A method for treating multiple sclerosis (MS), comprising

(a) providing a pharmaceutical composition comprising cpn10 and IFN- $\beta$ , or providing two pharmaceutical compositions each comprising cpn10 or IFN- $\beta$ ; and

(b) administering to an individual in need thereof a pharmaceutically-effective amount of cpn10 and IFN- $\beta$ ,

wherein the IFN- $\beta$  is administered at a dose that does not produce IFN- $\beta$ -induced side effects in the individual.

Claim 33 (currently amended): The method of claim 1, wherein the pharmaceutically effective amount of cpn10 comprises ~~the equivalent of~~ administering about 5 to 60 mg of cpn10 to a 70 kg individual.

Claim 34 (currently amended): The method of claim 33, wherein the pharmaceutically effective amount of cpn10 comprises ~~the equivalent of~~ administering about 10 to 30 mg of cpn10 to a 70 kg individual.

Claim 35 (currently amended): The method of claim 1, wherein the pharmaceutically effective amount of IFN- $\beta$  comprises ~~the equivalent of~~ administering about 1 to 10 Million International Units (MIU) of IFN- $\beta$ .

Claim 36 (currently amended): The method of claim 35, wherein the pharmaceutically effective amount of IFN- $\beta$  comprises ~~the equivalent of~~ administering about 4 to 6 Million International Units (MIU) of IFN- $\beta$ .

Claim 37 (previously presented): The method of claim 25, wherein the cpn10 and IFN- $\beta$ , or, cpn10 or IFN- $\beta$ , are administered in a pharmaceutical composition comprising a pharmaceutically-acceptable carrier or a diluent.

Claim 38 (previously presented): The method of claim 37, wherein the cpn10 and the IFN- $\beta$  are provided in a separate container.

Claim 39 (previously presented): The method of claim 37, wherein the cpn10 is administered in a tablet or a capsule form.

#### Claims 40 to 42 (canceled)

Claim 43 (new): A method of treating multiple sclerosis (MS) in an individual taken off IFN- $\beta$  treatment or having reduced dose IFN- $\beta$  treatment because of IFN- $\beta$ -induced side effects, comprising administering to an individual in need thereof a combination treatment comprising pharmaceutically-effective amounts of both chaperonin 10 (cpn10) and IFN- $\beta$ , wherein the IFN- $\beta$  is administered at a dose that does not produce IFN- $\beta$ -induced side effects in the individual,

wherein the cpn10 is administered daily and the IFN- $\beta$  is administered once weekly or thrice weekly.

Claim 44 (new): A method for delaying relapse to an active from an inactive state of

multiple sclerosis (MS), comprising

(a) providing two pharmaceutical compositions each comprising cpn10 or IFN- $\beta$ , wherein one of the pharmaceutical compositions comprises cpn10 and the other pharmaceutical composition comprises IFN- $\beta$ ; and

(b) administering to an individual in need thereof a pharmaceutically-effective amount of the cpn10 and IFN- $\beta$ , wherein the cpn10 is administered daily and the IFN- $\beta$  is administered once weekly or thrice weekly, and the IFN- $\beta$  is administered at a dose that does not produce IFN- $\beta$ -induced side effects in the individual.